



October 16, 2020

The Honorable Richard Neal
Chair, Committee on Ways and Means
U.S. House of Representatives
Washington, DC

Dear Chairman Neal:

On behalf of the American Academy of Family Physicians (AAFP) and the 136,700 family physicians and medical students we represent, I write in response to the [Request for Information](#) on the misuse of race within clinical care that you posted on September 17, 2020.

We appreciate your leadership in addressing issues of racial health equity, and as I [wrote](#) in response to the Committee's hearing titled "Disproportionate Impact of COVID-19 on Communities of Color," the AAFP is very concerned about addressing the factors driving health disparities, including racism.

As you have [noted](#), race has been misinterpreted and misused in clinical care, clinical algorithms and research to the detriment of communities of color. Identifying and correcting this problem is an important step toward addressing racial equity and related health outcomes. The AAFP offers the following feedback and recommendations on the questions you posed.

1. To what extent is it necessary that health and health related organizations address the misuse of race and ethnicity in clinical algorithms and research? What role should patients and communities play?

The AAFP opposed racism and discrimination in all forms and has recently issued a [policy](#) outlining race-based medicine, that states, "Race is a social construct that is used to group people based on physical characteristics, behavioral patterns, and geographic location. Racial categories are broad, poorly defined, vary by country and change over time. People who are assigned to the same racial category do not necessarily share the same genetic ancestry; therefore, there are no underlying genetic or biological factors that unite people within the same racial category. By using race as a biological marker for disease states or as a variable in medical diagnosis and treatment, the true health status of a patient may not be accurately assessed, which can lead to racial health disparities." It is important for clinical algorithms and research to address the misuse of race to ensure that it is not used as a proxy for biology, but rather as a risk factor based on health disparities resulting from societal and economic factors. It is imperative that research focus on understanding how systemic racism and oppression create racial health disparities and how to accurately include those factors in clinical decision making.

STRONG MEDICINE FOR AMERICA

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Patients and communities are critical to this endeavor as inclusion of diverse populations in clinical trials, surveys, and other research are the only way to understand the drivers of health disparities and their impact on health, whether it be increased risk for disease or differences in treatment efficacy.

2. What have been the most effective strategies that you or your organization have used to correct the misuse of race and ethnicity in clinical algorithms and research, if any? What have been the challenges and barriers to advancing those strategies?

The AAFP is developing a strategic approach to addressing this issue by focusing on three key areas: research, practice and education. The AAFP operates two primary care research centers. The first is the [Robert Graham Center](#), a health services research center and the second is the [National Research Network](#), a primary care practice-based research center. Each recognizes that in order for physicians to discontinue the practice of misusing race in their clinical decision-making, the research must evolve first. This includes adopting anti-racist research methods, funding research that examines race as a social construct instead of a biological one, and providing more opportunities and training to increase the number of principle investigators from underrepresented backgrounds.ⁱ The AAFP has committed to developing explicitly anti-racist approaches, not only in the research it conducts, but also in the research it publishes across its three editorial independent journals. Our journal publications will no longer accept manuscripts from authors whose findings indicate biological differences by race without further justification.

The AAFP recognizes that the misuse of race in clinical decision is often reinforced by organizational policies, procedures, and practices that are rooted in systemic racism. The AAFP supports its members by providing anti-racism training, adopting anti-racist policies, and conducting self-assessments to identify ways in which our organization can contribute more equitably to the needs of members and the patients they serve.

The AAFP also recognizes that medical education and training must also evolve to better teach students and residents on the appropriate application of race in clinical encounters with patients. Numerous studies have shown that false beliefs regarding biological differences by race originate from both the standard and hidden medical education curricula.ⁱⁱⁱⁱ As an accreditor of continuing medical education, the AAFP is committed to dispelling these false beliefs across all the educational programs, platforms and products, and provide curriculum and training to support faculty in their institutions. In addition, the AAFP is committed to working with its family medicine partners, such as the Society of Teachers of Family Medicine (STFM), the of Family Medicine Residency Directors (AFMRD), the Association of Departments of Family Medicine (ADFM), the North American Primary Care Research Group (NAPCRG), and the American Board of Family Medicine (ABFM) to develop a coordinated anti-racist approach that transforms family medicine education, research and practice.

3. What strategies would you propose to build consensus and widely used guidelines that could be adopted broadly across the clinical and research community to end the misuse of race and ethnicity in clinical algorithms and research?

Race has been used in medical research for years. There was an erroneous assumption was that race had some profound biologic impact on health behaviors and outcomes. We now recognize that race is a social construct and we must use great caution when including race as a research variable.

The Robert Graham Center is currently undertaking a literature review and analysis to develop an explicit plan for how to use race and gender in policy research.

The AAFP calls for increased funding to the National Institutes of Health (NIH) and Agency for Health Research and Quality (AHRQ) to support research and researchers addressing the misuse of race in clinical algorithms and research. The AAFP also calls for the establishment of standards and guidelines on the appropriate use of race in scientific research and conditioning the receipt of federal research funding on compliance.

Recognizing that the work of combating systemic racism is not constrained to only one sector, the AAFP has [called on](#) the Domestic Policy Council to convene an interagency task force to identify opportunities and strategies to ensure that government resources are put to use in a way that is equitable and effective and advances the health, safety and wellbeing of all members of society without exception. Such a task force could be an effective tool for addressing the misuse of race in clinical care.

We appreciate the opportunity to provide this feedback and look forward to working with members of the Committee to advance bipartisan legislation that improves the equity and quality of health care in our nation. For more information, please contact Erica Cischke at ecischke@aafp.org.

Sincerely,



Gary L. LeRoy, MD, FAAFP
Board Chair

ⁱ Rhea W. Boyd, Edwin G. Lindo, Lachelle D. Weeks, Monica R. McLemore. "On Racism: A New Standard For Publishing On Racial Health Inequities" Health Affairs. July 2, 2020. <https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/>

ⁱⁱ Kelly M. Hoffman, Sophie Trawalter, Jordan R. Axt, and M. Norman Oliver. "Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites." PNAS. April 19, 2016. <https://www.pnas.org/content/113/16/4296>

ⁱⁱⁱ Rachel Hardeman, Dianne Burgess, et al. "Developing a Medical School Curriculum on Racism: Multidisciplinary, Multiracial Conversations Informed by Public Health Critical Race Praxis (PHCRP)." Ethnicity & Disease. 2018; 28(Suppl 1): 271–278. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092164/>